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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
IRELL & MANELLA 545 MIDDLEFIELD ROAD, STE. 200 MENLO PARK, CA 94025-3471		INVENTOR'S NAME	
		Street Address	
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		CO-INVENTOR'S NAME	
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/326,536	03/21/89	006	HORNE, L	152 06/01/90
First Named Applicant: CHANG, YUNIK				

TITLE OF INVENTION: **DEVICE FOR ADMINISTERING AN ACTIVE AGENT TO THE SKIN OR MUCOSA**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 9065000320	424-448.000	F87	UTILITY	NO	\$620.00	09/04/90

3. Further correspondence to be mailed to the following: Thomas E. Ciotti Irell & Manella 545 Middlefield Rd., Suite 200 Menlo Park, CA 94025-3471	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>Irell & Manella</u> 2 _____ 3 _____

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060 MC 09/06/90 07326536	1 142	620.00 CK
060 MC 09/06/90 07326536	1 501	18.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
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(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Utah		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER _____ (Enclose Part C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
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